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TITLE OF INVENTION

CRILULAR WIRELESS RE-USE STRUCTURE THAT ALLOWS SPATIAL MULTIPLEXING AND DIVERSITY COMMUNICATION SMALL ENTITY nonprovisional 03/19/2007 2617 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attemoys or agents OR, alternatively, 1 James S. Finn ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached (2) the name of a single firm (having as a member a registered allowey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB47, Rev 30-42 or more recent) attached. Use of a Cast Number is recorded. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patient. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

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